

<i>SERFF Tracking Number:</i>	<i>TRVD-125523413</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Travelers Commercial Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>2008-01-0090</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-01-0090</i>		

Filing at a Glance

Companies: Travelers Commercial Casualty Company, Athena Assurance Company, Discover Property and Casualty Insurance Company, Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company, The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty and Surety Company, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America, United States Fidelity and Guaranty Company

Product Name: Workers' Compensation	SERFF Tr Num: TRVD-125523413	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2008-01-0090	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Margaret Salisbury, Tia Slivinsky	Disposition Date: 03/18/2008
	Date Submitted: 03/07/2008	Disposition Status: Approved
Effective Date Requested (New): 12/26/2007		Effective Date (New): 12/26/2007
Effective Date Requested (Renewal): 12/26/2007		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Revised Disclosure Notices Filing	Status of Filing in Domicile: Authorized
Project Number: 2008-01-0090	Domicile Status Comments: Authorized in CT, Pending in NY
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 03/18/2008	
State Status Changed: 03/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	

<i>SERFF Tracking Number:</i>	<i>TRVD-125523413</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Travelers Commercial Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
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<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-01-0090</i>		

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Workers' Compensation and Employers Liability disclosure notices.

These notices are being submitted in response to the recent approval of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

These notices have been implemented in accordance with the Act and are being supplied for informational purposes only.

Your approval of this filing will be appreciated. Should you have any questions, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst	MSALSBUR@travelers.com
One Tower Square	(860) 277-6470 [Phone]
Hartford, CT 06183	(860) 954-0580[FAX]

Filing Company Information

Travelers Commercial Casualty Company	CoCode: 40282	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 95-3634110	

Athena Assurance Company	CoCode: 41769	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-1435765	

Discover Property and Casualty Insurance Company	CoCode: 36463	State of Domicile: Illinois
385 Washington Street	Group Code: 3548	Company Type:

SERFF Tracking Number:	TRVD-125523413	State:	Arkansas
First Filing Company:	Travelers Commercial Casualty Company, ...	State Tracking Number:	#? \$25
Company Tracking Number:	2008-01-0090		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	Revised Disclosure Notices Filing/2008-01-0090		

St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	Group Name: FEIN Number: 36-2999370 -----	State ID Number:
Farmington Casualty Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 41483 Group Code: 3548 Group Name: FEIN Number: 06-1067463 -----	State of Domicile: Connecticut Company Type: State ID Number:
Fidelity and Guaranty Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 35386 Group Code: 3548 Group Name: FEIN Number: 42-1091525 -----	State of Domicile: Iowa Company Type: State ID Number:
Fidelity and Guaranty Insurance Underwriters, Inc. 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 25879 Group Code: 3548 Group Name: FEIN Number: 52-0616768 -----	State of Domicile: Wisconsin Company Type: State ID Number:
St. Paul Fire and Marine Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24767 Group Code: 3548 Group Name: FEIN Number: 41-0406690 -----	State of Domicile: Minnesota Company Type: State ID Number:
St. Paul Guardian Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24775 Group Code: 3548 Group Name: FEIN Number: 41-0963301 -----	State of Domicile: Minnesota Company Type: State ID Number:
St. Paul Mercury Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24791 Group Code: 3548 Group Name: FEIN Number: 41-0881659 -----	State of Domicile: Minnesota Company Type: State ID Number:
St. Paul Protective Insurance Company	CoCode: 19224	State of Domicile: Illinois

<i>SERFF Tracking Number:</i>	<i>TRVD-125523413</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-01-0090</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-01-0090</i>		

385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	Group Code: 3548 Group Name: FEIN Number: 36-2542404 -----	Company Type: State ID Number:
The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: FEIN Number: 06-0291290 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Standard Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 19070 Group Code: 3548 Group Name: FEIN Number: 06-6033509 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25658 Group Code: 3548 Group Name: FEIN Number: 06-0566050 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company of America One Tower Square Hartford, CT 01683 (860) 277-6470 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: FEIN Number: 58-6020487 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: FEIN Number: 06-0336212 -----	State of Domicile: Connecticut Company Type: State ID Number:

<i>SERFF Tracking Number:</i>	<i>TRVD-125523413</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Travelers Commercial Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>2008-01-0090</i>		
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<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-01-0090</i>		

Travelers Casualty and Surety Company	CoCode: 19038	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-6033504	

Travelers Casualty Insurance Company of America	CoCode: 19046	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0876835	

Travelers Property Casualty Company of America	CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

United States Fidelity and Guaranty Company	CoCode: 25887	State of Domicile: Maryland
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 52-0515280	

SERFF Tracking Number: TRVD-125523413 State: Arkansas

First Filing Company: Travelers Commercial Casualty Company, ... State Tracking Number: #? \$25

Company Tracking Number: 2008-01-0090

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation

Project Name/Number: Revised Disclosure Notices Filing/2008-01-0090

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$0.00	03/07/2008	
Discover Property and Casualty Insurance Company	\$0.00	03/07/2008	
Farmington Casualty Company	\$0.00	03/07/2008	
Fidelity and Guaranty Insurance Company	\$0.00	03/07/2008	
Fidelity and Guaranty Insurance Underwriters, Inc.	\$0.00	03/07/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	03/07/2008	
St. Paul Guardian Insurance Company	\$0.00	03/07/2008	
St. Paul Mercury Insurance Company	\$0.00	03/07/2008	
St. Paul Protective Insurance Company	\$0.00	03/07/2008	
The Charter Oak Fire Insurance Company	\$0.00	03/07/2008	
The Phoenix Insurance Company	\$0.00	03/07/2008	
The Standard Fire Insurance Company	\$0.00	03/07/2008	
The Travelers Indemnity Company	\$0.00	03/07/2008	
The Travelers Indemnity Company of America	\$0.00	03/07/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	03/07/2008	
Travelers Casualty and Surety Company	\$0.00	03/07/2008	
Travelers Casualty Insurance Company of America	\$0.00	03/07/2008	
Travelers Property Casualty Company of America	\$0.00	03/07/2008	
United States Fidelity and Guaranty Company	\$0.00	03/07/2008	
Travelers Commercial Casualty Company	\$0.00	03/07/2008	

SERFF Tracking Number:	TRVD-125523413	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	Revised Disclosure Notices Filing/2008-01-0090		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/18/2008	03/18/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	03/17/2008	03/17/2008	Margaret Salsbury	03/18/2008	03/18/2008
Industry						
Response						

SERFF Tracking Number:	TRVD-125523413	State:	Arkansas
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Company Tracking Number:	2008-01-0090		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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Project Name/Number:	Revised Disclosure Notices Filing/2008-01-0090		

Disposition

Disposition Date: 03/18/2008

Effective Date (New): 12/26/2007

Effective Date (Renewal):

Status: Approved

Comment: This filing is approved contingent upon receiving the filing fees.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125523413 State: Arkansas

First Filing Company: Travelers Commercial Casualty Company, ... State Tracking Number: #? \$25

Company Tracking Number: 2008-01-0090

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation

Project Name/Number: Revised Disclosure Notices Filing/2008-01-0090

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Transmittal Document	Approved	Yes
Form	Federal Terrorism Risk Insurance Act Disclosure	Approved	Yes
Form	Federal Terrorism Risk Insurance Act Disclosure	Approved	Yes
Form	Federal Terrorism Risk Insurance Act Disclosure	Approved	Yes

SERFF Tracking Number: TRVD-125523413 State: Arkansas
First Filing Company: Travelers Commercial Casualty Company, ... State Tracking Number: #? \$25
Company Tracking Number: 2008-01-0090
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-01-0090

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2008
Submitted Date 03/17/2008
Respond By Date

Dear Margaret Salisbury,

This will acknowledge receipt of the captioned filing.

The Filing Fees tab indicates that no filing fee is necessary. The filing fee is \$25. I can approve the filing contingent on receiving the filing fees.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/18/2008
Submitted Date 03/18/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: We have ordered a check for \$25.00, it will be mailed tomorrow.

Regards,

Margaret Salisbury

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: *TRVD-125523413* *State:* *Arkansas*
First Filing Company: *Travelers Commercial Casualty Company, ...* *State Tracking Number:* *#? \$25*
Company Tracking Number: *2008-01-0090*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers' Compensation*
Project Name/Number: *Revised Disclosure Notices Filing/2008-01-0090*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Margaret Salsbury, Tia Slivinsky

SERFF Tracking Number: TRVD-125523413 State: Arkansas

First Filing Company: Travelers Commercial Casualty Company, ... State Tracking Number: #? \$25

Company Tracking Number: 2008-01-0090

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation

Project Name/Number: Revised Disclosure Notices Filing/2008-01-0090

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Federal Terrorism Risl Insurance Act Disclosure	WC 99 06 G7 (D)		Endorseme New nt/Amendm ent/Condi ons		0.00	WC 99 06 G7 (D).pdf
Approved	Federal Terrorism Risl Insurance Act Disclosure	WC 99 06 G8 (D)		Endorseme New nt/Amendm ent/Condi ons		0.00	WC 99 06 G8 (D).pdf
Approved	Federal Terrorism Risl Insurance Act Disclosure	WC 99 06 G9 (D)		Endorseme New nt/Amendm ent/Condi ons		0.00	WC 99 06 G9 (D).pdf

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy, and does not include any charge for the portion of losses covered by the federal government under the Act. The charge that has been included for this coverage is:

Exposures in states other than Florida: 4% of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

Exposures in Florida: The rate used to develop your premium is 0.03 per \$100 of state remuneration

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 G8 (D)**

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy and does not include any charge for the portion of losses covered by the Federal Government under the Act. The charge that has been included for this coverage is:

Exposures in states other than Florida: 1.5% of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

Exposures in Florida: The rate used to develop your premium is 0.03 per \$100 of state remuneration.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: - -

ST ASSIGN:

Page 1 of 1

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 G9 (D)**

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy, and does not include any charge for the portion of losses covered by the Federal Government under the Act. The charge that has been included for this coverage is:

Exposures in states other than Florida: % of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

Exposures in Florida: The rate used to develop your premium is 0.03 per \$100 of state remuneration.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: - -

ST ASSIGN:

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<i>SERFF Tracking Number:</i>	<i>TRVD-125523413</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Travelers Commercial Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>2008-01-0090</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-01-0090</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125523413 State: Arkansas
First Filing Company: Travelers Commercial Casualty Company, ... State Tracking Number: #? \$25
Company Tracking Number: 2008-01-0090
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-01-0090

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: N/A
Comments:

Review Status:
Approved 03/18/2008

Satisfied -Name: Expedited Transmittal Document
Comments:
Attachments:
Expedited Tansmittal Page 1.pdf
Expedited Tansmittal Page 2.pdf

Review Status:
Approved 03/18/2008

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing (select only one)	Department Use only
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>	
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>	

Company Name(s)	Domicile	NAIC #	FEIN #
The Travelers Indemnity Company	CT	3548-25658	06-0566050
The Charter Oak Fire Insurance Company	CT	3548-25615	06-0291290
The Travelers Indemnity Company of Connecticut	CT	3548-25682	06-0336212
The Travelers Indemnity Company of America	CT	3548-25666	58-6020487
The Phoenix Insurance Company	CT	3548-25623	06-0303275
Travelers Property Casualty Company of America	CT	3548-25674	36-2719165
Travelers Casualty and Surety Company	CT	3548-19038	06-6033504
Travelers Casualty Insurance Company of America	CT	3548-19046	06-0876835
Farmington Casualty Company	CT	3548-41483	06-1067463
The Standard Fire Insurance Company	CT	3548-19070	06-6033509

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Margaret M. Salsbury One Tower Square Hartford, CT 06183	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

Filing information

Line of Insurance (see NAIC matrix)	16.0
Subline (see NAIC matrix)	16.0004
Company Program Title (Marketing title) (if applicable)	Workers' Compensation
Filing Type mark all that apply	<input type="checkbox"/> Adopt by Reference <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Rates <input type="checkbox"/> Rules
Effective Date Requested	12/26/07
Filing date	03/07/2008
Company Tracking Number	2008-01-0090
Date filing approved in domiciliary state, if applicable	03/05/08 in CT.

Adoption of Rating/ Advisory Organization Filing: Modifications must be accompanied by appropriate documentation.

Name of Rating / Advisory Organization	N/A
Forms - Reference Filing Number and descriptive title	N/A
Loss Cost - Reference Filing Number and descriptive title	N/A
Current Loss Cost Multiplier	N/A
Proposed Loss Cost Multiplier	N/A
Rules - Reference Filing Number and descriptive title	N/A

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G7 (D)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G8 (D)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G9 (D)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the memorandum containing the voluntary expedited filing procedures.

Margaret M. Salsbury

Signature

Margaret M. Salsbury

Print Name:

Senior Regulatory Analyst

Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing (select only one)	Department Use only
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>	
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>	

Company Name(s)	Domicile	NAIC #	FEIN #
Travelers Commercial Casualty Company	CT	3548-40282	95-3634110
St. Paul Fire and Marine Insurance Company	MN	3548-24767	41-0406690
St. Paul Mercury Insurance Company	MN	3548-24791	41-0881659
St. Paul Guardian Insurance Company	MN	3548-24775	41-0963301
Athena Assurance Company	MN	3548-41769	41-1435765
St. Paul Protective Insurance Company	IL	3548-19224	41-1427057
United States Fidelity and Guaranty Company	MD	3548-25887	52-0515280
Fidelity And Guaranty Insurance Underwriters, Inc.	WI	3548-25879	52-0616768
Fidelity And Guaranty Insurance Company	IA	3548-35386	42-1091525
Discover Property and Casualty Insurance Company	IL	3548-19070	36-2999370

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Margaret M. Salsbury One Tower Square Hartford, CT 06183	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

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